

MASAHIKO MURATA, et al.

Application No.: 09/443,115

Filed: November 18, 1999

For: IMAGE PROCESSING APPARATUS AND METHOD AND COMPUTER

PROGRAM PRODUCT

Commissioner for patents Washington, D.C. 20231

Docket No. 00862.003138

Examiner: M. Nguyen

Group Art Unit: 2622

Date: February 3, 2003

hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on 2/3/03

(Date of Deposit)

Andrew D. Mickelsen, Reg. No. 50,957
Name of Atterney for Applicant
2/3/63

Signature

Date of Signature

Sir:

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

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Technology Center 2600

CLAIMS AS AMENDED							
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITI FE	
TOTAL CLAIMS	* 13	MINUS	**	= 0	x \$9 \$18	\$ 0	
INDEP. CLAIMS	* 3	MINUS	***	= 0	x \$42 \$84	\$ 0	
Fee for Multiple Dependent claims \$140°/\$280							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ 0		

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	°Verified Statement claiming small enti	ty status is enclosed, if not filed previously
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A check in the amount of \$\_\_\_\_ is enclosed.

	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, o to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
X	A check in the amount of \$110.00 to cover the fee for a one month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicants' undersigned attorney may be reached in our Costa Mesa office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicants
	Registration No. 50, 957

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